



8. Your living situation may affect the amount of help you can get. Therefore, we need to know how many relatives who live with you (and your spouse, if married and living together) depend on you or your spouse to provide at least one-half of their financial support. Relatives may include anyone related to you by blood, marriage or adoption.

How many relatives who live with you and your spouse depend on you or your spouse to provide at least one-half of their financial support? **Do not include yourself or your spouse in this number.** (Place an ☒ in only one box.)

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
NONE 1 2 3 4 5 6 7 8 9 or more

9. If you (or your spouse, if married and living together) receive income from any of the sources listed below, please enter the **total monthly income**. If the amount changes from month to month, enter the **average monthly income for the past year for each type** in the appropriate boxes. Do not list wages and self-employment, interest income, public assistance, medical reimbursements or foster care payments here. If you or your spouse do not receive income from any of the sources listed below, place an ☒ in the **NONE** box.

• Social Security	We will use the amount in our records.	
• Railroad Retirement	<input type="checkbox"/> NONE	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
• Veterans	<input type="checkbox"/> NONE	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
• Other pensions or annuities (Do not include money you receive from any item you included in question 4.)	<input type="checkbox"/> NONE	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
• Other income not listed above, including alimony, net rental income, workers' compensation (Specify): _____	<input type="checkbox"/> NONE	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

10. Have any of the amounts you included in question 9 decreased during the last two years?

☐ **YES** ☐ **NO**

11. Does anyone provide or help you (or your spouse, if married and living together) pay for any of the following household expenses — food, mortgage, rent, heating fuel or gas, electricity, water and property taxes? (Do not include food stamps, house repairs, help from a housing agency, an energy assistance program, Meals on Wheels, or help with medical treatment and drugs.)

☐ **YES** ☐ **NO**

If you put an ☒ in the **YES** box, enter the monthly amount, or if the amount changes from month to month, enter the average monthly amount for the past year.

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